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# LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

## JOURNAL CLUBS

DEAR EDITOR: When the JOURNAL announced the dollar and a half rate for subscriptions in clubs of twenty, I thought I would see what I could do among the nurses of the town where I live, so I got a list of trained and untrained nurses, and set to work with my telephone and in a short time had eleven subscriptions, five from practical nurses who knew nothing of the JOURNAL and were so glad to get it. Three were pupil nurses, and one the head of a hospital. You see there is a field that no one has taken up. Why should graduates be so unmindful of their neighbor, the practical nurse, who has her place in the world as well as the graduate? I. T. S., '83.

## A GRADUATES' ANNUITY FUND

DEAR EDITOR: I wonder if we could find out through the JOURNAL how the nurses feel regarding a graduate nurses' annuity fund? Every alumnae association has its members, and as times goes on these increase, who for various reasons have not adequately provided for the future and to whom such a fund would be a great supplemental help. It might be offered indiscriminately, as the clergy retiring funds are, and refused by those not requiring it.

Our sick benefits meet a great need and, in some cases, can be drawn upon for the older incapacitated nurse, but would it not be a great forward step to have our organizations able to help our members in their extremities? The idea would be to give the annuity after a certain period of nursing, each member of the alumnae paying in a certain sum each year with the regular dues.

This plan seems more feasible than a home for nurses, certainly there is need for some practical plan to assist some members of every alumnae association, and this plan might have the advantage of teaching young nurses to think of the future. A. L. S.

## NATURAL AIDS TO RECOVERY

DEAR EDITOR: In restoring health to the sick, four things are vitally necessary: pure air, pure water, pure food, and bathing.

In most cases two quarts of pure water should be given daily, though sometimes this quantity has to be reached slowly. If nourishment is given every two hours, the water can be alternated with it. This amount of water is beneficial to the nerves, bowels, and kidneys, thus favoring sleep. Where there is fever, it runs about two degrees lower if this amount of water is given daily.

The cleansing bath should be given at about the same hour each morning and should include clean teeth, clean nostrils, ears, finger-nails, and toes, and is for the purpose of assisting in the elimination of the poisons with which

the tissues of the body are impregnated, the blood loaded, and the pores of the skin clogged. This bath, properly given, and with no chilling and unpleasantness to the patient, requires a full hour. Each part should be washed until it feels clean to the touch. A good doctor and good nurse can tell when a patient is clean both by glance and touch. A foot tub is required for the bath and the feet should be placed in it after washing the trunk of the body (as all nurses know) and one leg washed till it feels clean, thoroughly dried; then the other, then the toe-nails scrubbed with the brush which was used for the finger-nails, the feet washed and dried, and nails attended to. The nurse will be repaid for this painstaking bath in the improvement of the patient. The tub on the chair can be set close to the bedside so that the hand can be immersed and soaked. It will require this daily bath for at least seven days before the skin will feel clean, and the bath should be given daily whether there is fever or not, as long as the nurse is with the patient.

A good way is to ask the patient at the beginning if he is warm and if the room is warm; the reply will nearly always be "yes" and the future trouble of having the patient say that he was cold during the bath be avoided. The weakest of typhoid patients or the most delicate woman can be bathed with good results and with pleasure, if the bath is given thoughtfully and tactfully. The nourishment may have to be given before the bath is finished and should not go past the time. If it is milk, a glass of milk and a glass of ice can be set outside the room, the water turned off the ice when it is needed, and quickly gotten. If necessary the patient can be properly covered, told to rest while the nourishment is gotten, and after taking nourishment, the water is re-heated, and the bath finished without hurry, and all things well done.

The fresh night-dress and bedding should *always* be put over the radiator or before the grate to get thoroughly warm before the bath is begun. A hot-water bag should be placed at the feet before the bath, and cold feet after the bath will then always be avoided.

I have sometimes been told to assist cleanliness by giving a pint of normal saline solution per enema—not alone to wash the lower bowel but to loosen the effete matter which has probably become imbedded, at least slightly, in the lining of the intestine. It does not assist the action of the bowels by immediately removing the effete matter, but by putting the mucous membrane in a healthy condition. It is one of the very best disinfectants and is anti-constipating. In ordinary illness, if allowed to do so, I like to give a one pint enema before the bath and in the afternoon. It can be given as early as 3 P.M. and then all trace of it vanished by bedtime. A No. 14 American soft rubber catheter is the best rectal tube. The enema should be given high, and almost the drop-method is good. Twenty minutes is a good length of time for giving; the syringe should be hung about ten inches above the hips of the patient. If the bowels are not moving regularly, the bed pan should be given the patient at the same hour each morning and always before the enema, as this habit should be formed and the enema is not for the purpose of moving the bowels immediately.

The cause of most of the illness with which nurses in private work come in contact is not overwork, but is lack of pure air in the home, pure nourishing food, two quarts of water daily, and cleanliness of body. We may add to these, dissipation, and lack of self-control. The latter would include the

other five. By giving pure food, two quarts of water daily, pure air, and securing cleanliness of body we are assisting nature to re-establish herself.

Dr. Woods Hutchinson writes that the only true tonic is exercise following food. By taking nourishment every two hours and water every two hours regularly during the day, and the daily bath, the patient realizes that he is doing something and the bath takes the place of exercise.

One thing more which is very helpful in re-establishing a good circulation, over-coming the sleeplessness by natural causes, and also any derangement of the bowels, is a certain kind of thorough rubbing in the afternoon, following the enema. I do not mean a massage. The effect of a good rubbing is not immediately to produce sleep, but it produces sleep indirectly by helping the body to become strong and reach its normal condition. Rub each arm with a good firm pressure, the trunk, the back, each leg, and end with a good rubbing of the feet to start the circulation. The amount of strength used must be as the patient requires, but he always requires some.

If the patient has been dangerously sick you welcome the time when you observe that the news of the weather or something pertaining to natural things will be appreciated by him. It is an old truth that every one, old or young, in a normal condition, is interested in the weather. If, perchance, the nurse finds a minute for an extra long breath, and from her Testament reads to herself a verse or two, and the patient says "Would you as soon read aloud?"—the nurse knows that the best way to ascertain if he wishes to hear is to not mention it. She feels that he has physically been strengthened by her method of care, and that anything she may wish to introduce for his welfare will be unquestioningly received.

EDITH C. HUNTINGTON.

#### ORGANIZATION OF PRIVATE DUTY NURSES NOT NEEDED

DEAR EDITOR: In the February JOURNAL a private nurse suggested organization of private nurses. I do not think we need to organize. All nurses are striving to help those who need their aid, and as a body all nurses are classed as one.

A private nurse can keep in touch with her work if she takes journals and keeps up her studies. I don't mean by this that she should fill her suitcase with books. Those that are helpful to me are my materia medica, medical dictionary, and anatomy. Oftentimes there are drugs and terms that I forget, and if I wait until I get home they are usually forgotten, while if I have these books at hand and look them up, I seldom forget them. I also take several nursing journals that are useful to me and my roommate. They give a nurse so many good ideas that she can use successfully, many of which are not learned in training.

I am a member of my hospital alumnae, and state association, and am a registered nurse. I take interest in what my sister nurses do who are present at those meetings. While I cannot always be present,—very few times, I may add,—I believe the meetings are just as successful whether I am there or in a sick-room. There are always some who can make the meetings interesting, and we can reap the results in the next number of our journal.

I believe we have too many organizations. If we begin to feel we are growing dull, as to the newer ideals that our hospitals are teaching, a post-graduate course might refresh us to a certain extent.